

Medi-Cal Program Guide Letter (MPG) # 688

Subject	INDIVIDUALS DENIED SSI/SSP DUE TO EXCESS INCOME
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Effective	September 21, 2009
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Reference	ACWDL 09-28
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Purpose	The purpose of this letter is to inform staff that Counties shall complete the Medi-Cal eligibility determinations begun by the Social Security Administration (SSA) based on data collected by the SSA for individuals who were denied SSI/SSP due to excess income on or after July 1, 2009.
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Background	The State wants to ensure they receive the increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act of 2009. To ensure that these additional funds are received, the Medi-Cal program cannot employ any more restrictive standard, methodology or procedures than that which was in effect on May 1, 2009, unless otherwise required by federal law.
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Highlighted Changes	<p>The worker must process SSI/SSP applications denied by SSA for excess income on or after July 1, 2009. These denied SSI/SSP cases are new applications. The worker will not be conducting SB 87 redeterminations; instead they will be completing the application process started by SSA. The SSA stops their eligibility determinations with the "first fatal flaw" (the first SSI/SSP eligibility criteria that the applicant does not pass). Therefore, workers may have to initiate and/or complete identity, citizenship, income, property, and disability evaluations and receive and review all necessary verifications in order to complete the eligibility determination begun by SSA.</p>
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San Diego County has been receiving the 9043 MEDS Alerts since July 3, 2009. The 9043 Alerts are stored in Share Point by the date received. Starting with the date of July 3, 2009 workers must take the appropriate actions on these backlogged alerts following the guidelines outline below.

**Required
Action**

The Daily MEDS Alert "9043" and the information received from the SDX MEDS screen shall be used to start the Medi-Cal determination process for individuals denied SSI/SSP due to excess income by SSA. The worker shall access the daily MEDS alerts 9043 on Share Point from the MEDS Report Folder found in the Management Report Folders. Upon receipt of the alerts, workers shall complete the eligibility determination within 30 days.

The following are the guidelines for processing these referrals:	
1.	The date of the application for Medi-Cal will be the most recent of the SSI/SSP application date or the date California residency began. If eligible in the month of application, the worker shall grant eligibility back to the first of that month.
2.	Workers shall send the MC 210SP or MC 355 if needed. The MC210 shall not be sent because the application for Medi-Cal was made with the application for SSI/SSP.
3.	<p>The following is the list of forms and information that must be sent to these applicants.</p> <ul style="list-style-type: none">• MC 219 "Important Information for Persons Requesting Medi-Cal",• MC 13 "Statement of Citizenship, Alienage, and Immigration Status" for each member applying for Medi-Cal benefits,• DHCS 0001 "U.S. Citizens and Nationals applying for Medi-Cal Must Show Proof of Citizenship and Identity".• MC 007 "Medi-Cal General Property Limitations",• 20-46 HHSA "Language Needs Determination",• Postage paid pre-addressed return envelope• List of verifications that the applicant will need to submit for the approval of Medi-Cal benefits, with the date the application and verifications are to be returned to the Family Resource Center (FRC),• Child Health Disability Prevention (CHDP) Information Publication,• Medi-Cal "What it Means To You" Brochure (Pub 68),• MC 003 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure,• DGS 7077 "Notice Regarding Standards for Medi-Cal Eligibility",

	<ul style="list-style-type: none"> • DHS 7077A "Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary" , and • WIC Brochure.
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**Eligibility
Determination**

When conducting eligibility determinations workers must consider all avenues of eligibility including the Medicare Savings Programs (QMB/SLMB).

The following steps shall be taken by the workers to start the determination process:	
1.	Review the SDX MEDS screens to obtain applicant information.
2.	Perform "Application Registration" process. Workers shall code the application source SSI/SSP Excess Inc Denial. Select "SSI/SSP Excess Inc Denial" in the Source field of the "Collect Applicant Information" Window during Application Registration.
3.	Complete the verification checklist (CSF 77) which itemizes the verification which the applicant must provide.
4.	Mail verification checklist and the required forms listed above to applicant with a postage paid pre-addressed return envelope requesting that all verification and forms be returned to the FRC within 10 days.
5.	Upon receipt of returned verifications, workers shall follow the regular eligibility determination processes outlined in the MPG.

**Application
Dates**

SSI/SSP applications dates may be more than a year old. When the SSI/SSP application date is 11 months prior to the current month and workers have established eligibility in the application month and ongoing, workers shall send an MC 210RV.

As a reminder on cases older than a year, the beneficiary may call and request the MC-180. Workers shall review and process accordingly following MPG Article 14 Section 3.

Workers are required to submit a disability referral within 10 days of the date of application. For purposes of meeting performance standards, the worker shall enter into case comments any delays between the SSI/SSP application date as shown on the SDX Meds screens and the date the disability

referral was made.

**Automation
Impact**

A new daily alert "9043" will be issued to alert counties to the need to complete processing of applications filed with the SSA when SSI/SSP has been denied for excess income. The new alert will be issued only when the client is not currently receiving full scope Medi-Cal eligible.

SPOS will run a daily report of the new 9043 alerts and post the report on Share Point in the MEDS Report Folder found inside the Management Reports folder.

**Summary of
Change**

The table below shows the changes made to the Program Guide.

Section	Summary of Change
Article 04.02.15	Added the application process for individual denied SSI/SSP due to excess income by the Social Security Administration.

Attachments

The following attachment is included with this letter:
Attachment A – Users Desk Aid for Reviewing MEDS SDX Screens

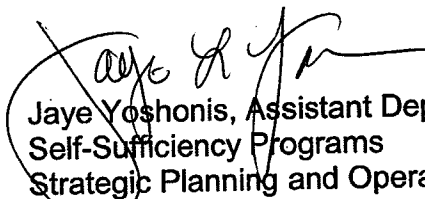
Forms Impact

None

QA/QC Impact

Effective with the October 2009 review month. Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

**Manager
Approval**


Jaye Yoshonis, Assistant Deputy Director
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DMH